

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Multicultural Community and Family ServicesAddress: 7437 Broadway

Organizational Unit

n/a

Lemon Grove
CityCA
StateUSA
County91945 - 1603
ZIP Code + 4

2. Applicant's D-U-N-S Number

134164206

3. Applicant's T-I-N

33-0945781

4. Catalog of Federal Domestic Assistance #:

84341Title: Community Technology Center Program6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I5. Project Director: Amaka OkekeAddress: 7437 BroadwayLemon Grove
CityCA
State91945 - 1603
ZIP Code + 4Tel. #: (619) 464-6417Fax #: (619) 464-0898E-Mail Address: mcdasrc@netscape.net

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/7/2003☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

San Diego Collaborative Technology Center

11. Proposed Project Dates:

Start Date:
9/1/2003End Date:
8/31/2004

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AUG 29 2003

Estimated Funding

14a. Federal	\$	487,705.00
b. Applicant	\$	34,345.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	522,050.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Amaka Okeke

b. Title

Executive Directorc. Tel. #: (619) 464-6417Fax #: (619) 464-0898d. E-Mail Address: mcdasrc@netscape.net

e. Signature of Authorized Representative

Date: 6/30/2003

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Regents, University of California		Organizational Unit: DANR	
Address (give city, county, state, and zip code): DANR 300 Lakeside Drive, 6th Floor Oakland, CA 94612-3560		Name and telephone number of the person to be contacted on matters involving this application (give area code): Christopher Dewees Carol Berman (530) 752-1457 (530) 987 0050	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 9 4		7. TYPE OF APPLICANT: (order appropriate letter in box) I	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. From Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements 1 1 - 4 2 7		9. NAME OF FEDERAL AGENCY: NOAA, National Marine Fishers Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, Oregon, Washington		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation of The Pacific Ground Fish Buyback Program	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/04	Ending Date 12/31/05	a. Applicant 4th District	
15. ESTIMATED FUNDING:		b. Project All coastal districts of CA, OR, WA.	
a. Federal	\$ 408,436 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 66,895 .00	c. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State	\$.00	DATE August 28, 2003	
d. Local	\$.00	d. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other OSU	\$ 17,621 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ -0- .00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 492,952 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Carol Berman		b. Title Contracts & Grants Coordinator	
d. Signature of Authorized Representative <i>Carol Berman</i>		c. Telephone Number (510) 987-0050	
		e. Date Signed	

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Standard Form 434 (Rev. 4-83)
Prescribed by GSA Circular A-107

STATE CLEARING HOUSE

TOTAL P.02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 27, 2003	Applicant Identifier
<input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Regents of the University of California		Organizational Unit: University of California Sea Grant Extension	
Address (give city, county, State, and zip code): 300 Lakeside Drive, 6th Floor Oakland, CA 94612-3550		Name and telephone number of person to be contacted on matters involving this application (give area code): Susan McBride 707-443-8369	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6036494		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: NOAA- Commercial Marine Fisheries Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 - 427 TITLE: Fisheries Development and Utilization Research Fisheries		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Collaborative Fish Habitat Identification for Rockfishes (Sebastes spp.), greenling (Hexagrammos spp.) and cabezon (Scorpaenichthys marmoratus) in Untrawlable, Nearshore Fishing Grounds of the Pacific Northwest	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coastal California, Oregon and Washington			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/04	Ending Date 12/31/05	a. Applicant 1	b. Project CA: 1,6,17,22 OR: 4,5 WA: 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 498,992 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/27/03	
b. Applicant	\$ 83,206 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0 ⁰⁰		
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 582,198 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Carol Berman		b. Title Contracts & Grants Coordinator	c. Telephone Number (510) 987-0042
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 27, 2003	Applicant Identifier 094878394
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational Unit: Marine Science Institute	
Address (give city, county, state, and zip code): Office of Research, University of California Santa Barbara, CA 93106-2050		Name and telephone number of person to be contacted on matters involving this application (give area code): Henry M. Page (805) 893-2675	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006145		7. TYPE OF APPLICANT: (enter appropriate letter in box) I	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es)) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-427 TITLE: Fisheries Development and Utilization Research		9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service, NOAA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): West Coast of the United States		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluating Sources of Spatial Variation in the Concentration of the Marine Biotoxin Domoic Acid in Recreationally and Commercially Important Species	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 3/1/04	Ending Date 2/28/06	a. Applicant 23rd	b. Project CA 1, 6, 8, 12, 14, 17, 23, 24, 30, 36, 46, 47, 48, 50, 52, 53
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 126,736 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/27/03	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 16,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$ ⁰⁰	a. Type Name of Authorized Representative Jill L. Boltz	
g. TOTAL	\$ 142,736 ⁰⁰	b. Title Sponsored Projects Officer	
		c. Telephone Number (805) 893-8809	
		d. Signature of Authorized Representative	
		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No 0348-0043

2. DATE SUBMITTED

Applicant Identifier

3-06-0319-03

1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

N/A

State Application Identifier

N/A

4. DATE RECEIVED BY AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Los Angeles

Organizational Unit:

Los Angeles World Airports

Address (give city, county, state and zip code):

7301 World Way West, 8th Floor
Los Angeles, CA 90045

Name and telephone of the person to be contacted on matters involving this application (give area code)

Ulises Aguirre

(310) 646-6679

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 2 6 7 5 0 9 3

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify):

8. TYPE OF APPLICATION

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration
Airports Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Palmdale Regional Airport
Conduct Master Plan Study

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Palmdale Regional Airport
City of Palmdale
County of Los Angeles, California

13. PROPOSED PROJECT

Start Date

Ending Date

2003

2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

District 34 (Los Angeles City Hall)

15. ESTIMATED FUNDING:

a. Federal

1,382,958 .00

b. Applicant

153,662 .00

c. State

.00

d. Local

.00

e. Other

.00

f. Program Income

.00

g. TOTAL

1,536,620 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes, If "Yes", attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Lydia H. Kennard

b. Title

Executive Director

c. Telephone number

(310) 646-6250

d. Signature of Authorized Representative

e. Date Signed

8/17/03

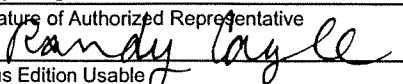
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 25, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Biggs, California		Organizational Unit: City of Biggs	
Address (give city, county, State, and zip code): 3016 Sixth Street/ P.O. Box 307 Biggs, CA 95917		Name and telephone number of person to be contacted on matters involving this application (give area code) Dave Swartz, City Engineer, (530)751-0952	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000300		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float:right; border: 1px solid black; padding: 2px;">C</div> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <div style="text-align: center;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE: Water and Wast Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Biggs Water Infrastructure Replacement Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Biggs, City Limits			
13. PROPOSED PROJECT Start Date Ending Date 2/1/04 2/2/05		14. CONGRESSIONAL DISTRICTS OF: Dist. No. 4 - Wally Herger a. Applicant City of Biggs b. Project City Water System Rehabilitation Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	4,675,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/25/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	150,000 ⁰⁰	
c. State	\$	175,000 ⁰⁰	
d. Local	\$	00 ⁰⁰	
e. Other	\$	00 ⁰⁰	
f. Program Income	\$	00 ⁰⁰	
g. TOTAL	\$	5,000,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Randy Cagle		b. Title City Administrator/Finance Director	c. Telephone Number (530) 868-5493
d. Signature of Authorized Representative 		e. Date Signed 8/25/03	

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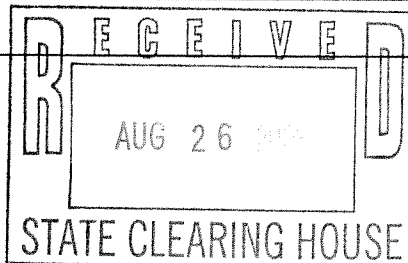
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Alpine Water Users Association		Organizational Unit:	
Address (give city, county, State, and zip code): 745 Rose Lane Unit - B P.O. Box 122 Twin Peaks Ca., 92391		Name and telephone number of person to be contacted on matters involving this application (give area code) Phillip A. Broda, General Manager 909.337.2845	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 — 0 4 8 7 8 0 0 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit Corp.</u>	
		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 0 </div> TITLE: Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Well Drilling/Costruction/Development Construct Ancillary Infrastructure Source Improvement	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Twin Peaks Ca., San Bernardino County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/3/03	Ending Date 12/3/03	a. Applicant 40th District - Jerry Lewis	b. Project 40th District - Jerry Lewis
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 525,720 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/20/03</u>	
b. Applicant	\$ 53,000 ⁰⁰		
c. State	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 578,720 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative W. Tracy Lenocker		b. Title President, AWUA Board of Directors	c. Telephone Number (909) 337-2845
d. Signature of Authorized Representative <i>W. Tracy Lenocker</i>		e. Date Signed <u>8/20/03</u>	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

3-06-0175-

1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

N/A

State Application Identifier

N/A

4. DATE RECEIVED BY AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Los Angeles

Address (give city, county, state and zip code):

7301 World Way West, 8th Floor
Los Angeles, CA 90045

Organizational Unit:

Los Angeles World Airports

Name and telephone of the person to be contacted on matters involving this application (give area code)

Ulises Aguirre
(310) 646-6679

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 2 6 7 5 0 9 3

8. TYPE OF APPLICATION

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration E. Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District N. Other (Specify):

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration
Airports Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ontario International Airport
Conduct Master Plan Study
Phase III (EIR/EIS)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Ontario International Airport
City of Ontario
County of San Bernardino, California

13. PROPOSED PROJECT

Start Date

2003

Ending Date

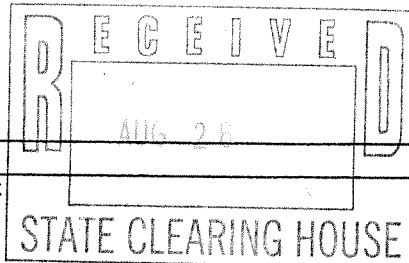
2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

District 34 (Los Angeles City Hall)

b. Project



15. ESTIMATED FUNDING:

a. Federal	1,439,718 .00
b. Applicant	479,906 .00
c. State	.00
d. Local	.00
e. Other	.00
f. Program Income	.00
g. TOTAL	1,919,624 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes, If "Yes", attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Lydia H. Kennard

b. Title

Executive Director

c. Telephone number

(310) 646-6250

d. Signature of Authorized Representative

e. Date Signed

8/15/03

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 08/08/2003	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: CDR Investors	Organizational Unit: a California Limited Partnership
Address (give city, county, state, and zip code): 2051 Hilltop Drive, Suite A-15 Redding, CA 96002	Name and telephone number of the person to be contacted on matters involving this application (give area code) David Rutledge (530) 221-6960
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 6 - 2 3 8 2 7 8 4 </div>	7. TYPE OF APPLICANT: <i>(enter appropriate letter in box)</i> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: -20px;">P</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) CA L.P. </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): </div> <div style="width: 30%;"> C. Increase Duration Transfer and Assumption </div> </div>	9. NAME OF FEDERAL AGENCY: USDA / Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 . 4 0 5</div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casitas Del Rio Apartments is a 40 unit complex consisting of 1, 2 and 3 bedroom units, located in Rio Vista, California.
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Rio Vista, Solano, California	
13. PROPOSED PROJECT: <div style="display: flex;"> <div style="flex: 1;"> Start Date (mm/dd/yyyy) </div> <div style="flex: 1;"> Ending Date (mm/dd/yyyy) </div> </div>	14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="flex: 1;"> a. Applicant <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;">2</div> </div> <div style="flex: 1;"> b. Project <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;">3</div> </div> </div>
15. ESTIMATED FUNDING: <div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> Complete form HUD-424-M, Funding Matrix </div>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input checked="" type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative David Rutledge, Its: Executive Director	b. Title Managing General Partner, Community Revitalization and Development Corporation, a California nonprofit public benefit corporation
d. Signature of Authorized Representative 	c. Telephone number (Include Area Code) (530) 221-6960 e. Date Signed (mm/dd/yyyy) 8/8/2003

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0345-0043

1. TYPE OF SUBMISSION:

Application
☐ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

CITY OF WHEATLAND

Organizational Unit

CITY OF WHEATLAND

Address (give city, county, state, and zip code):

P.O. BOX 345
 313 MAIN ST.
 WHEATLAND, CA 95692

Name and telephone number of person to be contacted on matters involving this application (give area code)

JIM THOMPSON, CITY ADMINISTRATOR
 (530) 633-2761

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000452

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

☒

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:

U.S. DEPT. OF AGRICULTURE - RURAL DE-
 velopment, RURAL UTILITIES SERVICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

COMMUNITY DOMESTIC WASTEWATER
 SYSTEM IMPROVEMENTS FOR THE CITY
 OF WHEATLAND

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

CITY OF WHEATLAND,
 YUBA COUNTY, CA.

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date
 SPRING
 2004

Ending Date
 DEC. 2004

a. Applicant:

2ND CONGRESSIONAL DIST. OF CA.

b. Project:

(SAME)

15. ESTIMATED FUNDING:

a. Federal	\$	7,487,386.	10
b. Applicant	\$	0	15
c. State	\$	0	20
d. Local	\$	0	25
e. Other	\$	0	30
f. Program Income	\$	0	35
g. TOTAL	\$	7,487,386.	40

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
 PROCESS FOR REVIEW ON:

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
 FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
 DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
 ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

JIM THOMPSON

b. Title

CITY ADMINISTRATOR

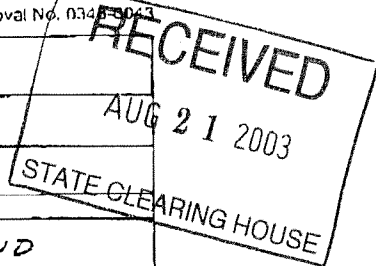
c. Telephone Number

(530) 633-2761

d. Signature of Authorized Representative

e. Date Signed

8-21-03



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/21/03		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: COLUSA REGIONAL MEDICAL CENTER		Organizational Unit: ACUTE CARE HOSPITAL	
Address (give city, county, State, and zip code): 179 East Webster Street Colusa, California 95921		Name and telephone number of person to be contacted on matters involving this application (give area code): GEORGE ADAMS 530-458-5821 Ext. 252	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1750849		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
United States Dept. of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766
TITLE: Community Facility

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
MEDICAL OFFICE BUILDING

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
COLUSA, COLUSA CALIFORNIA

13. PROPOSED PROJECT Start Date: 4/04 Ending Date: 10/04		14. CONGRESSIONAL DISTRICTS OF: Wally Herger	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES	
a. Federal	\$ 1,772,500	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/21/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other - RCMC	\$ 1,772,500		
f. Program Income	\$		
g. TOTAL	\$ 3,545,000		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative R. GEORGE ADAMS	b. Title Chief Financial Officer	c. Telephone Number 530-458-5821 Ext. 252
d. Signature of Authorized Representative [Signature]		e. Date Signed 8/21/03

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

MB Approval No. 0348-0043

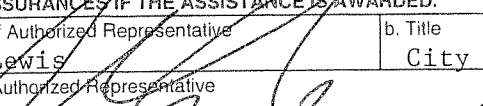
APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED 3/18/03	Applicant Identifier
1. TYPE OF SUBMISSION <input type="checkbox"/> Application Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction			3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Hopland Band of Pomo Indians P.O. Box 610 Hopland, CA 95449			Organizational Unit: Administration Victor Pejaran, Tribal Administrator (707) 744-1647	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2493763			7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. <input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):			9. NAME OF FEDERAL AGENCY: USDA/ Rural Development	
10. CATALOG OF FEDERAL DOMESTIC TITLE: Rural Business Enterprise Grants Fiscal Year 2003			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of One-Stop Tribal Business Assistance Center.	
12. AREAS AFFECTED BY PROJECT: (cities, counties, states, etc.) Hopland Reservation, Mendocino County, California				
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF: a. District b. Project DISTRICT 01	
15. ESTIMATED FUNDING: a. Federal \$ 60,338 .00 b. Applicant \$ 18,772 .00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 79,670 .00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE _____ b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THIS DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Sandra L. Sigala			b. Title TRIBAL CHAIR	
c. Telephone Number (707) 744-1647				
d. Signature of Authorized Representative <i>Sandra L. Sigala</i>			e. Date Signed 3/16/03	

Standard Form 424 IREV 4.89; Prescribed by OMB Circular A.103

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		August 20, 2003	CHOWCHILLA EDBG 03/04
Preapplication		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Madera County Economic Development Commission		business retention & expansion	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
2425 W Cleveland, Ste. 101 Madera, CA 93637		Bobby Kahn (559) 675-7768	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-1683270		<input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>JPA</u>	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
14-246		CDBG SMALL BUSINESS REVOLVING LOAN FUND CITY OF CHOWCHILLA	
TITLE: CDBG Economic Development Component			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
County of Madera			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
1/1/04	12/30/05	MADERA COUNTY EDC	Third
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ ⁰⁰	DATE _____	
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 200,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
ROBERT KAHN, JR.		EXECUTIVE DIRECTOR	(559) 675-7768
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <u>3/31/2003</u>	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>City of Stockton</u>		Organizational Unit: <u>Economic Development Division & Municipal Utilities Dept.</u>	
Address (give city, county, State, and zip code): <u>425 N. El Dorado Street</u> <u>Stockton, CA 95202</u> <u>San Joaquin County</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Steve Carrigan,</u> <u>Director, Economic Development Division</u> <u>(209) 937-8959</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6000436</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;"><u>C</u></div> <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>Economic Development Administration</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>11-300</u> TITLE: <u>Economic Development & Public Works</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Construction of Water and Rail</u> <u>Infrastructure for South Stockton</u> <u>Industrial District</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Stockton, County of San Joaquin</u>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 20 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date * Approx. <u>6-2003</u>	Ending Date <u>6-2005</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>#11</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>5,980,000</u> ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ <u>3,388,786</u> ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <u>--</u> ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____ ⁰⁰		
e. Other	\$ _____ ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ <u>9,368,786</u> ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Mark Lewis</u>		b. Title <u>City Manager</u>	
c. Telephone Number <u>(209) 937-8294</u>		e. Date Signed <u>3/31/03</u>	
d. Signature of Authorized Representative 			

PREAPPLICATION

*Actual start date would depend on when funding is secured from EDA.

Economic Development Administration

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/19/03	Applicant Identifier SCOTT'S VALLEY INDIANS
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Scott's Valley Band of Pomo Indians Indian Tribe		Organizational Unit: Indian Tribe	
Address (give city, county, state, and zip code): 9700 Soda Bay Road Kelseyville, CA 95451		Name and telephone number of the person to be contacted on matters involving this application (give area code): Dan Smith 707-277-8870	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0226509		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intra-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: SCOTT'S VALLEY BAND OF POMO INDIANS COMMERCIAL INITIATIVE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PREPARATION OF SITE PLAN MARKET & JOB CREATION REPORT RE: SMALL COMMERCIAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (city, counties, states, etc.): KELSEYVILLE CA. LAKE COUNTY CA			
13. PROPOSED PROJECT: Start Date: 11/03 Ending Date: 7/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Mike Thompson 1st Congressional District b. Project: Mike Thompson 1st Congressional District	
15. ESTIMATED FUNDING: a. Federal: \$ 25,700.00 b. Applicant: \$ 4,600.00 c. State: \$ 0.00 d. Local: \$ 0.00 e. Other: \$ 0.00 f. Program Income: \$ 0.00 g. TOTAL: \$ 30,300.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative: Donald Arnold		b. Title: Tribal Chairman	c. Telephone Number: 707-277-8870
d. Signature of Authorized Representative: 		e. Date Signed: 3/18/03	

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/7/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
Redwood Valley Reservation

Address (give city, county, State, and zip code):
3250 Road I
Redwood Valley, CA 95470

Organizational Unit:
Tribal Government

Name and telephone number of person to be contacted on matters involving this application (give area code):
Elizabeth Hansen, Tribal Chairperson

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0042928

7. TYPE OF APPLICANT: (enter appropriate letter in box)
[K]
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es):
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[]-[]

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Feasibility Study of a Pomo Indian Cultural Facility

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Mendocino County, CA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 01
b. Project 01

15. ESTIMATED FUNDING:

a. Federal	\$	72,017
b. Applicant	\$	14,143
c. State	\$	4,000
d. Local	\$	1,000
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	91,160

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE _____
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Elizabeth Hansen

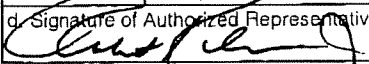
b. Title
Tribal Chairperson

c. Telephone Number
707-485-0361

d. Signature of Authorized Representative
Elizabeth Hansen

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

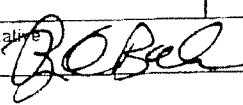
1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 8-20-2003	Applicant Identifier RBOG
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Madera County Economic Development Commission		Organizational Unit: business retention & expansion	
Address (give city, county, State, and zip code): 2425 W Cleveland, Ste. 101 Madera, CA 93637		Name and telephone number of person to be contacted on matters involving this application (give area code): Bobby Kahn (559) 675-7768	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1683270		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) JPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY & COUNTY OF MADERA, CITY OF CHOWCHILLA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ENHANCE AND UPDATE THE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY (CEDS) PLAN FOR THE COUNTY OF MADERA, CALIFORNIA.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Dist 19-R Radonovich, George	
Start Date 3/1/04	Ending Date 12/30/04	a. Applicant MADERA COUNTY EDC	b. Project Third
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 2,150 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 52,150 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ROBERT KAHN, JR.		b. Title EXECUTIVE DIRECTOR	c. Telephone Number (559) 675-7768
d. Signature of Authorized Representative 		e. Date Signed 8-20-03	

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/20/03	Applicant Identifier CA03001
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: CITY OF ANAHEIM		Organizational Unit: ANAHEIM POLICE DEPARTMENT	
Address (give city, county, State, and zip code): 200 S. Anaheim Blvd. Anaheim, CA 92805 (Orange County, CA)		Name and telephone number of person to be contacted on matters involving this application (give area code): Mary Foss, Police Grants Coordinator (714) 765-1899	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000661		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Justice	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Public Safety Partnership and TITLE: Community Policing Grants (B)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2003 COPS Safe Schools Initiative - School Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF ANAHEIM			
13. PROPOSED PROJECT Safe Schools Officers		14. CONGRESSIONAL DISTRICTS OF: 39, 41, 45, 46 & 47	
Start Date	Ending Date	a. Applicant CITY OF ANAHEIM	b. Project SAFE SCHOOLS OFFICERS
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 496,750	(a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/20/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 496,750	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ROGER A. BAKER		b. Title CHIEF OF POLICE	c. Telephone Number (714) 765-1886
d. Signature of Authorized Representative 		e. Date Signed 8/13/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 5, 2003	Applicant Identifier N/A
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01513
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] -- [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] -- [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Manila Dunes Development Manila Dunes C.S.D. 1901 Park Street Arcata, CA 95521	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-45414			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 49,470.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/04/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 49,470.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 98,940.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8/15/03	

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 5, 2003		3. DATE RECEIVED BY STATE N/A	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		5. APPLICANT IDENTIFIER SA-EX-EMPT	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. City D. Township E. Interstate F. Intra-municipal G. Local District		H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] - [] [] [] [] [] []	
11. AREAS AFFECTED BY PROJECT (Cities, Counties, States): 06-45414		12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Manila Dunes Development Manila Dunes C.S.D. 1901 Park Street Arcata, CA 95521		13. PROPOSED PROJECT Start Date: 11/1/03 Ending Date: 6/30/08	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 03 b. Project: 1		15. ESTIMATED FUNDING:		16. IS THIS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 08/04/03 b. NO: PROJECT IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes (attach an explanation) <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		19. TYPE Name of Authorized Representative Ruth Coleman	
20. Signature of Authorized Representative [Signature]		21. Title Acting Director, Parks and Recreation		22. Telephone Number (916) 653-7423	
23. Date Signed 8/15/03		24. Previous Edition Usable Authorized for Local Reproduction		25. Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 4, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01507
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input checked="" type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <input type="checkbox"/> A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Trancas Parkland Acquisition City of Napa Community Resources Department 1100 West St., POB 660 Napa, CA 94559	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-50258			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 101,898 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/03/03	
b. Applicant	\$ 101,898 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 203,796 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative Betty Ettinger	
e. Date Signed 8/5/03			

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 5, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01515
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0000000000		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-918 TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-44910		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hiller Park Development McKinleyville Community Services District Department of Parks and Recreation P.O. Box 2037 McKinleyville, CA 95519	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 28,713.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/05/03	
b. Applicant	\$ 28,713.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 57,426.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative Betty Ettinger	
e. Date Signed 8/7/03		Previous Edition Usable Authorized for Local Reproduction	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
--	--	---	--

5. APPLICANT INFORMATION Legal Name: BROOKTRAILS TOWNSHIP COMMUNITY SERVICES DISTRICT Address (give city, county, state, and zip code): 24860 BIRCH STREET WILLITS, CA 95490		Organizational Unit: CALIFORNIA SPECIAL DISTRICT Name and telephone number of the person to be contacted on matters involving this application (give area code): MIKE CHAPMAN, GENERAL MANAGER (707) 459-2494
--	--	--

RECEIVED
 AUG 19 2003
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 7 0 1 3 7 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 0 </div> TITLE: WATER AND WASTEWATER DISPOSAL LOAN AND GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER TREATMENT PLANT IMPROVEMENT BACKWASH RECOVERY BASINS PROJECT
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): BROOKTRAILS TOWNSHIP	
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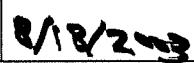
13. PROPOSED PROJECT: Start Date: 02/01/04 Ending Date: 07/01/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: FIRST DISTRICT b. Project: FIRST DISTRICT
---	--

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">292,088 .00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>292,088 .00</td> </tr> </table>	a. Federal	\$	292,088 .00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	292,088 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/15/03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	292,088 .00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	292,088 .00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative MIKE CHAPMAN	b. Title GENERAL MANAGER	c. Telephone number (707) 459-2494
d. Signature of Authorized Representative 		e. Date Signed 8-15-03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE		State Application Identifier	
Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Const uction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California			Organizational Unit:		
Address (Give City, County, State, and Zip Code):			Name and telephone number of the person to be contacted on matters involving this application (Give area code)		
Office of Vice Chancellor-Research 118 Everson Hall One Shields Ave. Davis, CA 95616			Administration contact: Kim Lamar (530) 752-6065 Technical Contact: Dr. Jim Harding (530)-752-0349		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT: (Enter appropriate letter in box)		
9 4 - 6 0 3 6			I		
8. TYPE OF APPLICATION			A. State H. Independent School District B. County I. State Control Instit. of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit organization G. Special District N. Other (Specify)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)					
9. NAME OF FEDERAL AGENCY: US Forest Service, Northeastern Area					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
1 0 - 6 6 4			This program will apply MCTI/STRATUM in a case study city to evaluate the effectiveness of software and training materials and produce a municipal forest benefit-cost analysis.		
12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.)					
Unknown					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	End Date	a. Applicant		b. Project	
Oct. 1, 2003	Sept. 30, 2005	I		Unknown	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$55,000	(a) YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on:			
b. Applicant	\$30,277	DATE: _____			
c. State	\$	b. NO. <input type="checkbox"/> Program is not covered by E.O. 12372			
d. Local	\$	<input type="checkbox"/> or Program has not been selected by State for review			
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program	\$	<input type="checkbox"/> YES - If "YES", attach an explanation. <input checked="" type="checkbox"/> NO			
g. TOTAL	\$85,277				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
Kimberly Lamar Contracts and Grants Analyst		Kimberly Lamar Contracts and Grants Analyst		(530) 752-6065	
d. Signature of Authorized Representative				e. Date Signed	
Kimberly Lamar				8-18-03	

APPLICATION FOR FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication Construction Non Construction		2. Date Submitted		Applicant Identifier	
				3. Date Received		94 - 2270812	
				4. Date Received by Federal Agency		State Application Identifier	
5. Applicant Information				Federal Identifier		G 009216 - 04 - 0	
Legal Name : Department of Conservation				Organizational Unit: Division of Oil, Gas, and Geothermal Resources			
Address (give city, county, state and zip code) 801 K. Street, MS 20 - 20 Sacramento, CA 95814-3530				Name and telephone number of the person to be contacted on matters involving this application (give area code.) Michael Stettner (916) 323-1781			
6. EMPLOYER IDENTIFICATION (EIN) 94 - 2270812				TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) : _____			
8. TYPE OF APPLICATION v New Continuation Revision If revision, enter appropriate letter(s) in box(es) : A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____ _____				9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.433</u> TITLE: Underground Injection Control				10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Underground Injection Control Program for Class II Well Injection Two Year Application FY03 and FY04			
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):							
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:					
Start Date	End Date	a. Applicant:				b. Project	
10 - 1 - 02	9 - 30 - 2004	Department of Conservation Division of Oil, Gas, and Geothermal Resources				Statewide	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal		a. <u>YES</u> , THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON :					
b. Applicant	\$ 948,043	DATE: <u>8-18-03</u>					
c. State	\$ 285,237	b. NO					
d. Local	\$	PROGRAM IS NOT COVERED BY E.O. 12372					
e. Other	\$	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
f. Program Income	\$	17. IS THE APPLICANT DEPINQUENT ON ANY FEDERAL DEBT?					
g. TOTAL	\$ 1,233,280	Yes If "Yes" attach an explanation. v No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Typed Name of Authorized Representative:				b. Title:		c. Telephone Number:	
Hal Bopp				State Oil and Gas Supervisor		(916) 445-9686	
d. Signature of Authorized Representative:						e. Date Signed:	
							

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 6, 2003	Applicant Identifier OCS-03
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: The East Los Angeles Community Union	Organizational Unit: TELACU
Address (give city, county, State, and zip code): 5400 East Olympic Boulevard Los Angeles, CA 90022 Los Angeles County	Name and telephone number of person to be contacted on matters involving this application (give area code) Jose Villalobos 323-721-1655

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 2 5 5 4 2 5 6

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Community Development Corporation
---	--

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other(specify):	

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9. NAME OF FEDERAL AGENCY:
 DHHS-ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 - 5 7 0

TITLE: Community Economic Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Creation of a restaurant in Greater East Los Angeles to create 94 new jobs.
 Priority Area 1 (OP)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Program

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 9/30/03 Ending Date: 2/28/05	a. Applicant 25, 29, 30, 38	b. Project 38	

15. ESTIMATED FUNDING:

a. Federal	\$	700,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	1,009,000	.00
f. Program Income	\$.00
g. TOTAL	\$	1,709,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE August 6, 2003
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jose Villalobos	b. Title Sr. Vice President	c. Telephone Number 323-721-1655
d. Signature of Authorized Representative 		e. Date Signed August 6, 2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
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5. APPLICANT INFORMATION Legal Name: BROOKTRAILS TOWNSHIP COMMUNITY SRVS DIST		Organizational Unit: CALIFORNIA SPECIAL DISTRICT	
Address (give city, county, state, and zip code): 24860 BIRCH STREET WILLITS, CA 95490		Name and telephone number of the person to be contacted on matters involving this application (give area code) MIKE CHAPMAN, GENERAL MANAGER (707) 459-2494	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">8</div> </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> </div> TITLE: WATER AND WASTEWATER DISPOSAL LOAN AND GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER TREATMENT PLANT IMPROVEMENTS CLEARWELL 100,000 GALLON TANK
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): BROOKTRAILS TOWNSHIP	<div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 18 2003 </div>
--	--

13. PROPOSED PROJECT: Start Date: 02/01/04 Ending Date: 07/01/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: FIRST DISTRICT b. Project: FIRST DISTRICT	STATE CLEARING HOUSE
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15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">314,567</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">314,567</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	314,567	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	314,567	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/15/03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	314,567	.00																										
b. Applicant	\$.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	314,567	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative MIKE CHAPMAN	b. Title GENERAL MANAGER	c. Telephone number (707) 459-2494
d. Signature of Authorized Representative 		e. Date Signed 8-15-03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 12, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Bay Area Video Coalition		Organizational Unit: Bay Area Video Coalition	
Address (give city, county, State, and zip code): 2727 Mariposa Street, 2nd Floor San Francisco, CA 94110 - County of San Francisco		Name and telephone number of person to be contacted on matters involving this application (give area code) Ms. Judy Holme Agnew, 415-558-2114 judy@bavc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 4 0 3 8 7 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>nonprofit org.</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">N</div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) O A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <u>Revised Budget: Award size remains the same</u>		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">1 1 — 5 5 2</div> TITLE: Technology Opportunities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Job Campaign Manager: leveraging the reach of the Internet, the interactive capabilities of media technologies, and recent innovations in database technologies to deliver educational and personalized tools for managing a professional job campaign to low-income adults.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Will serve San Francisco County, CA in years 1 & 2.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/05	a. Applicant 8	b. Project 8
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 406,537 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/23/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 422,436 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 828,973 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ms. Judy Holme Agnew		b. Title Executive Director	c. Telephone Number (415) 558-2114
d. Signature of Authorized Representative 		e. Date Signed 8-12-03	

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Standard Form 424 (Rev. 7-97)

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